



REQUEST FOR PREPAREDNESS TESTING

INSTRUCTIONS: The Laboratory Director or designee must give verbal permission prior to sending any samples. Chain of Custody required for each sample. (Please print or type responses).

Environmental samples require pre-screening by a trained person prior to acceptance.

Original Specimen Collected by (Print & Sign) _____

Collection Date: _____

Collection Location: _____

Collection Time: _____

Collection Conditions: _____

Incident Description:	
Incident Address:	
Signs and Symptoms Onset, Diagnosis	
Level of Risk:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Exercise

Sample Information- Clinical specimens need a LIMS request submitted.

Sample Classification:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Environmental	<input type="checkbox"/> Food	<input type="checkbox"/> Other _____
Sample ID (list all describe):				
Sample type: (be specific)		# of samples:		
<input type="checkbox"/> Powder:		# of containers:		
<input type="checkbox"/> Letter:		Container type:		
<input type="checkbox"/> Swab		<input type="checkbox"/> Testing requested:		
<input type="checkbox"/> R/O Isolate:		<input type="checkbox"/> BT/CT analysis		
<input type="checkbox"/> Blood:		<input type="checkbox"/> BT Rule out		
<input type="checkbox"/> Urine		<input type="checkbox"/> PCR		
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Culture		
Includes (list number): <input type="checkbox"/> Duplicates __ <input type="checkbox"/> Spiked Samples __ <input type="checkbox"/> Spiked Duplicates __ <input type="checkbox"/> Blanks __				

Submitter Information- deliver to the rear of the building

Submitter Agency		
Submitter Name (Print)		
Submitters Signature		
Organization Address:		
City	State	Zip
Contact person for results		Phone No.:
Additional Comments/info:		